STATE OF IDAHO

IDAHO JUDICIAL COUNCIL P.O. Box 1397 Boise, Idaho 83701 (208) 334-5213

Website: www.judicialcouncil.idaho.gov

COMPLAINT FORM

No.	

This form is designed to provide the Judicial Council with information required to make an initial evaluation of your complaint, and to begin an investigation of the allegations you make. Please read the accompanying materials on the Judicial Council's function and procedures before you complete this form.

PLEASE TYPE OR PRINT ALL INFORMATION

Your Name
Address
Daytime telephone
Name of Judge Court
Case Name and Docket Number, if applicable
Attorneys involved (if you wish to name them)
If this complaint relates to a trial or other court proceeding, has it been or will it be appealed?
Yes No Not applicable
Please state briefly the general nature of your complaint. If you wish, you may refer to the Code of Judicial Conduct.

SUPPORTING FACTS:

dates, and r	especific facts name(s) of per attach addition	sons present.	, if known. A	Attach any d	ocuments w	hich may su	
			Signed:				
			_				
			Date:				

VERIFICATION

STATE OF_)
County of) ss.)
and says:	, being first duly sworn upon oath, deposes
Complaint, k	That he/she is the Complainant in the above matter, that he/she has read the foregoing nows the contents thereof, and verily believes the facts therein stated to be true.
	(Signature)
	SUBSCRIBED AND SWORN TO Before me this day of,20
	Notary Public for
	Residing at Commission Expires:
	Please return this completed form to:

Robert G. Hamlin Executive Director Idaho Judicial Council P.O. Box 1397 Boise, Idaho 83701